

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

HMO PLAN FOR ACTIVE EMPLOYEES

	Current Benefits	*KP Benefits
Annual Deductible	None	None
Family Deductible	None	None
Hospital Deductible Per Day	None	None
Lifetime Maximum Benefit	No Limit	No Limit
Co-Pay Maximum Annual	\$1,000	\$1,000
Family Maximum	\$3,000	\$3,000
You Pay		
Office Visits	\$8	\$10
Well Baby Care	\$8	\$10
Immunizations	No Charge	No Charge
Hospital	No Charge	No Charge
X-Ray & Lab Inpatient	No Charge	No Charge
Surgery	No Charge	No Charge
Emergency Room	\$25/20% non-par	\$25/20% non-par
Out-Patient Surgery Centers	\$8	\$10
Mental Health/Substance Abuse		
Inpatient Days Per Year	30	30
MH Copayment	No Charge	No Charge

*Kaiser Permanente

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Revised as of April 21, 2003

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

PPO PLAN FOR ACTIVE EMPLOYEES

	Current Benefits					New Benefits		
	Base Benefits		Major Medical Plan Benefits		*HMSA PPO		**RSN Dual Coverage Plan	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred		
Annual Deductible	None		\$250		None	\$100	\$2,000	
Family Deductible	None		\$1,000		None	\$300	\$6,000	
Hospital Deductible Per Confinement	None		None		None	\$200	None	
Lifetime Maximum Benefit	None		\$250,000*		\$2,000,000		\$500,000	
Co-Pay Maximum Annual	\$2,500 plus ineligible charges combined under Base and Major Medical Plans				\$1,500		None	
Family Co-Pay Annual Maximum	No Family Maximum under combined Base and Major Medical Plans				\$4,500		None	
You Pay								
Office Visits	20%	30%	20%	30%	10%	30%	20%	
Well Baby Care	20%	30%	20%	30%	10%	30%	20%	
Immunizations	20%	30%	20%	30%	10%	Not Covered	No Charge	
Hospital	No Charge	30%	N/A	30%	10%	30%	20%	
X-Ray & Lab Inpatient	20%	30%	N/A	30%	10%	30%	20%	
Surgery	No Charge	30%	N/A	30%	10%	30%	20%	
Emergency Room	20%	30%	20%	30%	10%	30%	20%	
Out-Patient Surgery Centers	20%	30%	N/A	30%	10%	30%	20%	
Mental Health								
Inpatient Days Per Year	30	30	30	30	30	30	30	
Copayment	20%	30%	20%	30%	10%	30%	20%	

*HMSA – Hawaii Medical Service Association

**RSN – Royal State National Insurance Company, Limited; requires coverage under another medical plan

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PRESCRIPTION DRUG FOR ACTIVE EMPLOYEES

	CURRENT BENEFITS			NEW BENEFITS		
	HMSA	Kaiser		Bundled with *HMSA PPO	Bundled with **RSN Dual Coverage Plan	Bundled with +KP HMO
Retail						
Supply	30 Days	30 Days		30 Days	30 Days	30 Days
	Co-pays	Co-pays		Co-pays	Benefit Up To	Co-pays
Generic	\$5	\$10		\$5	\$15	\$10
Brand	\$15	\$10		\$15	\$15	\$10
Other Brand	\$30	\$10		\$30	\$15	\$10
Mail Order						
Supply	90 Days	90 Days		90 Days	90 Days	90 Days
	Co-pays	Co-pays		Co-pays	Benefit Up To	Co-pays
Generic	\$10	\$15		\$10	\$30	\$20
Brand	\$35	\$15		\$35	\$30	\$20
Other Brand	\$60	\$15		\$60	\$30	\$20

*Hawaii Medical Service Association

**Royal State National Insurance Company, Limited; requires coverage under another medical plan

+Kaiser Permanente

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

DENTAL PLAN FOR ACTIVE EMPLOYEES

	+HDS New Benefits		
	Current Benefits	Active Employees	++Dual Coverage Plan
Calendar Year Benefit Maximum	\$1,000	\$2,000**	\$800
Calendar Year Deductible	None	\$25/Person***	None
You Pay			
Diagnostic			
Two exams per calendar year	No Charge	No Charge	50%
Bitewing x-rays	No Charge	No Charge	50%
Other x-rays	No Charge	No Charge	50%
Preventive			
Cleaning	No Charge	No Charge	50%
Child fluoride	40%	No Charge	50%
Child space maintainers	40%	No Charge	50%
Child Sealants	No Charge	No Charge	50%
Restorative			
Fillings - Amalgam	40%	20%	60%
Fillings - Resin	40%	20%	60%
Crowns	40%	40%*	70%
Endodontics			
Root Canal	40%	20%	60%
Periodontics			
Periodontal scaling	40%	20%	60%
Prosthodontics			
Dentures	40%	40%*	70%
Implants	40%	40%*	70%
Oral Surgery			
Extractions, Impacted Teeth	40%	20%	60%
Orthodontics			
Benefit Percentage	N/A	50%	N/A
Lifetime Maximum	N/A	\$1,000	N/A

+Hawaii Dental Service

++Requires coverage under another dental plan

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

VISION PLAN FOR ACTIVE EMPLOYEES

	CURRENT AND *VSP NEW BENEFITS		**VSP DUAL COVERAGE VISION
	<i>Network</i>	<i>Non-Network</i>	
Eye Exam			
Every 12 Months	\$10 Copay	Up to \$40 Benefit	Up to \$10 Benefit
Materials			
Lenses Every 12 Months	\$25 Copay	N/A	N/A
Single Vision	No Charge	Up to \$40	N/A
Bifocals	No Charge	Up to \$60	N/A
Trifocals	No Charge	Up to \$60	N/A
Lenticular	No Charge	Up to \$60	N/A
UV Coating	No Charge	Not Covered	Not Covered
Materials (Lenses and/or frames)	N/A	N/A	\$75 per year
Frames			
Every 24 Months	Up to \$105 Allowance	Up to \$40	N/A
Contacts			
Every 12 Months			
Elective	Up to \$100 Allowance	Up to \$100	N/A

N/A = Not Applicable

*VSP – Vision Service Plan

**VSP – Vision Service Plan; requires coverage under another vision plan

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

CHIROPRACTIC PLAN FOR ACTIVE EMPLOYEES

	CURRENT BENEFITS HGEA & UPW ONLY	+CP NEW BENEFITS
Maximum # of Office Visits Per Year	20	20
Office Visit Copay	\$15.00	\$15.00
Adjunctive Therapy*	No Charge	No Charge
X-Ray	No Charge	No Charge
Lab	Not Covered	Not Covered
Chiropractic Appliances -	Not Covered	Not Covered
Emergency/Urgent Care -		
Out-of-Network	Not Covered	Not Covered
Alternative Medical Services**	Not Covered	Not Covered

* Adjunctive Therapy Includes: Ultrasound, Ice Packs, Heat Packs, Electrical Muscle Stimulation and other approved therapies.

** Alternative Medical Services Includes: Hypnotherapy, Acupuncture, Behavior Training, Sleep Therapy, etc.

+ChiroPlan by Mutual Benefit Association of Hawaii

Approved by EUTF Board of Trustees on March 13, 2003

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

LIFE INSURANCE PLAN FOR ACTIVES/RETIREES

	CURRENT BENEFITS	*AIC NEW BENEFITS
Active Employees		
Under Age 65	\$25,000	\$26,000
Age 65 – 69	\$16,250	\$16,900
Age 70 – 74	\$11,250	\$11,700
Age 75 – 79	\$7,500	\$7,800
Age 80 and Over	\$5,000	\$5,200
All Retirees	\$1,800	\$1,900

*Aetna Insurance Company

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